

**Chlorite/Chlorine Dioxide (Daily Samples) Report****I. PWS INFORMATION:** Please refer to your DBPR Sampling Plan to help complete this form

PWS ID #: City / Town:
PWS Name: PWS Class: COM ☐ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Reporting Month	Reporting Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Analyte	Limit	Method	MDL (mg/L)
CHLORITE:	MCL= 1.0 mg/L	<input type="checkbox"/> SM 4500-ClO ₂ E <input type="checkbox"/> EPA 300.0 <input type="checkbox"/> EPA 300.1	
CHLORINE DIOXIDE:	MRDL= 0.8 Mg/L	<input type="checkbox"/> SM 4500-ClO ₂ E <input type="checkbox"/> SM 4500-ClO ₂ D	

Day	Chlorite Result (mg/L)	Chlorine Dioxide Result (mg/L)	Analyzed By (Name or Lab Cert. #)	PWS Compliance Reporting Information				
1				CHLORINE DIOXIDE				
2				Were any of the daily entry point Chlorine Dioxide samples > 0.8 mg/L? If yes, a 3-sample distribution set must be collected the following day. Complete the following questions:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
3				Was a Chlorine Dioxide entry point sample collected the following day? If no, non-acute MRDL (Tier 2) violation.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
4				Were any 2 consecutive days of the daily entry point Chlorine Dioxide samples >0.8 mg/L? If yes, non-acute MRDL (Tier 2) violation.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
5				Was a (3-sample set) of Chlorine Dioxide distribution samples collected on the following day? If no, acute MRDL (Tier 1) violation.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
6				3-Sample Distribution Set Results for Chlorine Dioxide (if needed)				
7				Date	1 st	2 nd	3 rd	
8								
9								
10								
11								
12								
13								
14								
15								
16				Do any results of the 3-sample set exceed the 0.8 mg/L MRDL? If yes, acute MRDL (Tier 1) violation.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
17				CHLORITE				
18				Were any of the daily entry point Chlorite samples > 1.0 mg/L? If yes, a 3-sample distribution set must be collected the following day. Complete the following questions:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
19				3-Sample Distribution Set Results for Chlorite (and additional sets if needed)				
20				Date	Location of Sample			Average (mg/L)
21					1 st customer	Ave. Time	Max Time	
22								
23								
24								
25								
26								
27								
28								
29				Were any of the 3-sample set averages > 1.0 mg/L? If yes, Chlorite MCL (Tier 2) violation.		<input type="checkbox"/> Yes <input type="checkbox"/> No		
30				# of Chlorite MCL violations during month:				
31								

NOTES

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

PWS Authorized Signature: _____**Date:** _____Mail ONE copy of this report to your DEP Regional Office no later than 10 days after the end of the reporting period.

DEP REVIEW STATUS (Initial & Date)	Review Comments
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____	